

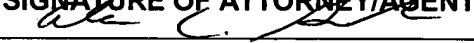
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17364 U.S. PTO

22581 U.S. PTO  
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031204


<b>TRANSMITTAL OF UTILITY APPLICATION UNDER 37 C.F.R. §1.53</b>		Attorney Docket No.	38203-6295		
		Customer No.	33123		
		First named inventor	A. Smith		
		Express mail label #	EL963329129US		
		Date of mailing	<u>March 12, 2004</u>		
<b>Application Elements</b>		<b>Accompanying Application Papers</b>			
1. <input checked="" type="checkbox"/> Fee Transmittal Form		6. <input type="checkbox"/> Copy of assignment documents from parent applications			
2. <input checked="" type="checkbox"/> Specification containing 42 pages (including Claims and Abstract). a. Title: PROCESS FOR DETERMINATION OF OPTIMIZED EXPOSURE CONDITIONS FOR TRANSVERSE DISTORTION MAPPING b. Number of claims: 53		7. <input type="checkbox"/> Preliminary Amendment			
3. <input checked="" type="checkbox"/> 23 sheets of drawings		8. <input checked="" type="checkbox"/> Return Receipt Postcard			
4. <input checked="" type="checkbox"/> Declaration		9. <input type="checkbox"/> Small Entity Statement			
5. <input type="checkbox"/> Sequence Listing <input type="checkbox"/> Paper copy (identical to computer copy) <input type="checkbox"/> Computer readable copy <input type="checkbox"/> Verified statement		10. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(I). Applicant must attach form PTO/SB/35 or its equivalent.			
		<b>SIGNATURE OF ATTORNEY/AGENT</b> 			
		HELLER EHRMAN WHITE & McAULIFFE LLP  Alan C. Gordon Registration Number: 51,220			
<input type="checkbox"/> Benefit of priority:					
<b>CORRESPONDENCE ADDRESS</b>					
NAME	Alan C. Gordon Registration Number: 51,220 Heller Ehrman White & McAuliffe LLP				
Address	4350 La Jolla Village Drive, 7th Floor, San Diego, CA 92122-1246				
	Telephone: (858) 450-8400	Facsimile: (858) 450-8499			

<b>FEE TRANSMITTAL ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. §1.53</b>	Attorney Docket No.	38203-6295
	Customer No.	33123
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### FEE CALCULATION FOR CLAIMS AS AMENDED

a)	Basic Fee	\$770/\$385	\$ <u>770.00</u>
b)	Independent Claims	<u>4</u> - 3 = <u>1</u> x \$86/\$43	\$ <u>86.00</u>
c)	Total Claims	<u>53</u> - 20 = <u>33</u> x \$18/\$9	\$ <u>594.00</u>
d)	Fee for Multiple Dependent Claims = \$280/\$140		\$ <u>0.00</u>
<b>TOTAL FILING FEE</b>			<b>\$ <u>1450.00</u></b>

- ☐ Applicant is a small entity.
- ☒ A check is enclosed in the amount of \$1450.00 to cover the fee for filing the application.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 50-1213.
- ☒ The Commissioner is hereby authorized to charge any fees that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

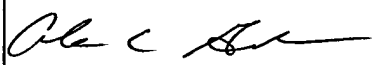
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Submitted by:			
Typed or printed name	Alan C. Gordon		Reg. Number 51,220
Signature		Date <u>3/12/04</u>	Deposit Account 50-1213

<b>FEE TRANSMITTAL ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. §1.53</b>	Attorney Docket No.	38203-6295
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